



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2019:38

Reporting for the week ending 09/21/19 (MMWR Week #38)

September 27th, 2019

CURRENT HOMELAND SECURITY THREAT LEVELS

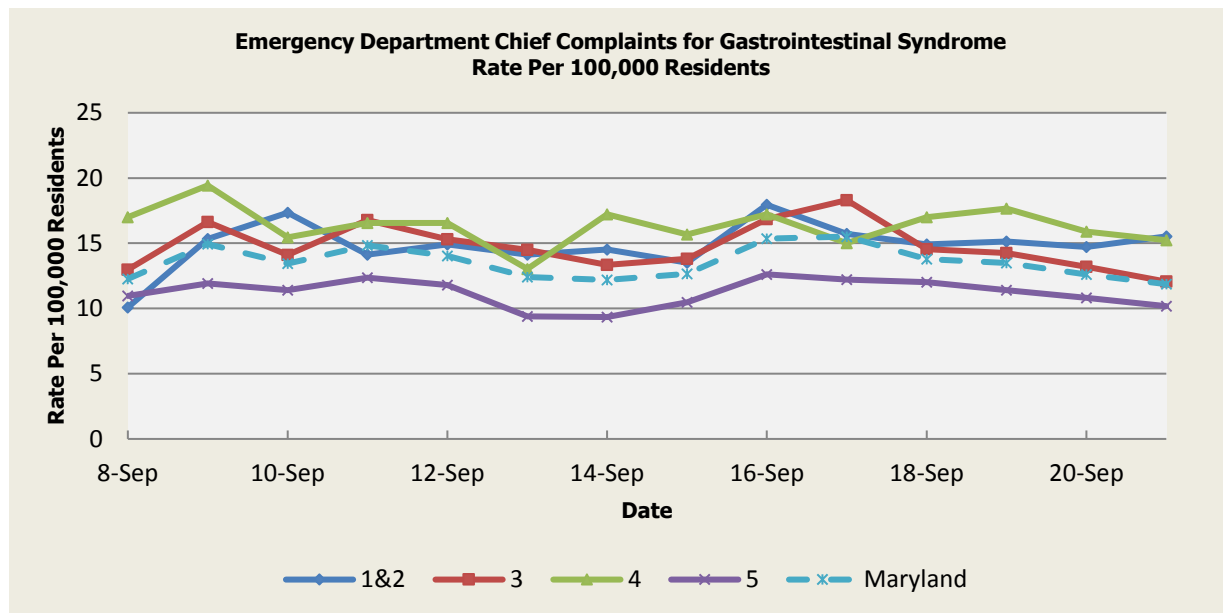
National:	No Active Alerts
Maryland:	Normal (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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Gastrointestinal Syndrome



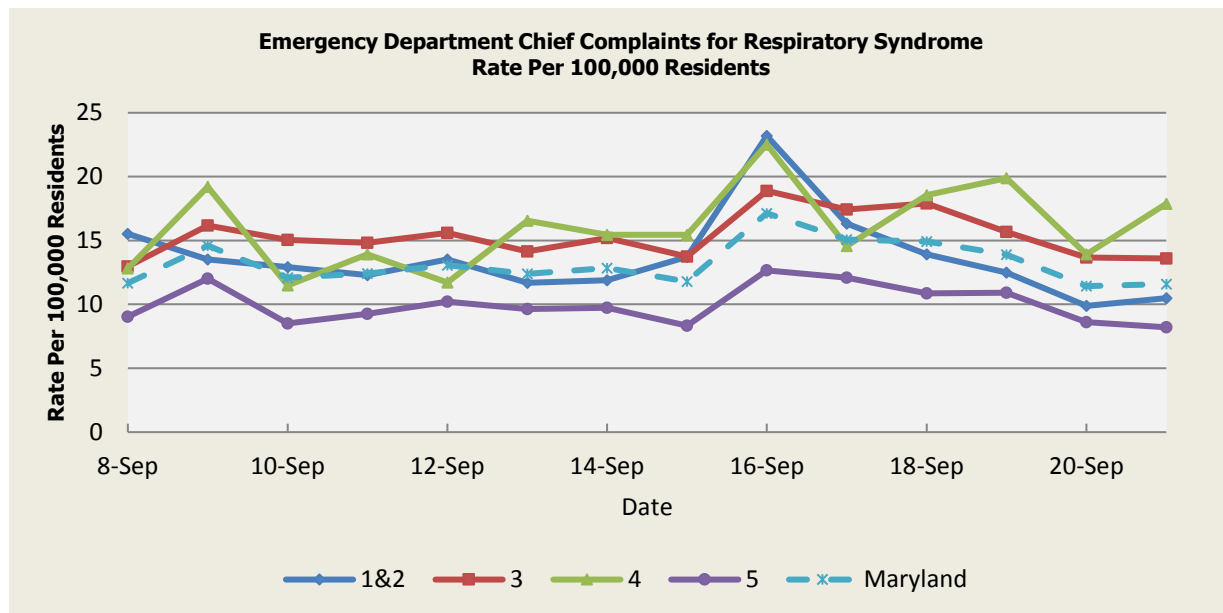
There were two Gastrointestinal Syndrome outbreak reported this week: one (1) outbreak of Gastroenteritis/Foodborne associated with a School (Region 5), one (1) outbreak of Gastroenteritis/Foodborne associated with a Restaurant (Region 1&2).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.29	15.09	15.93	10.25	13.15
Median Rate*	13.11	14.87	15.46	10.17	13.02

** Per 100,000 Residents*

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Respiratory Syndrome



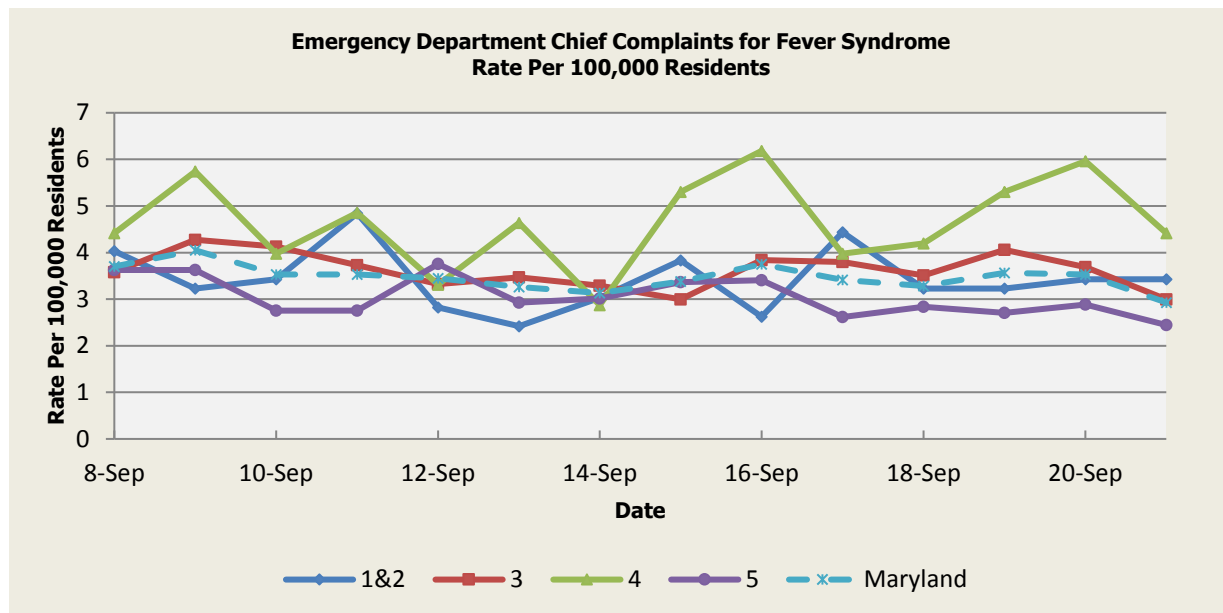
There was one Respiratory Syndrome outbreak reported this week; 1 outbreak of Influenza in a Transitional Housing Facility (Region 3).

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.61	14.69	15.03	9.94	12.72
Median Rate*	12.10	14.14	14.35	9.60	12.23

* Per 100,000 Residents

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Fever Syndrome



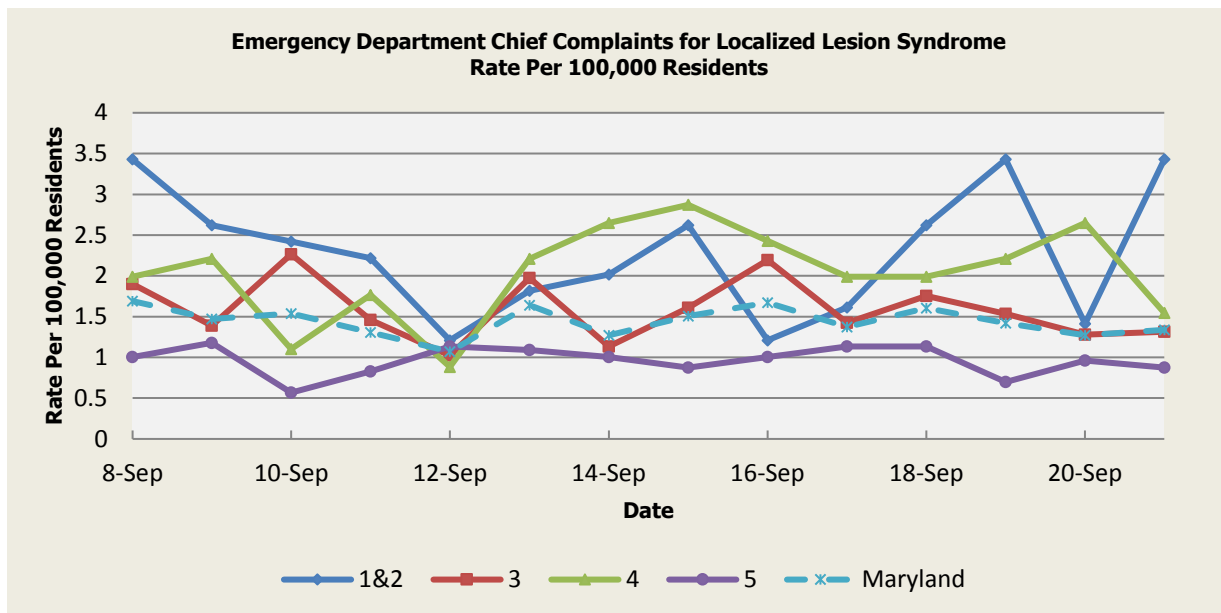
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.08	3.90	4.12	3.04	3.52
Median Rate*	3.02	3.80	3.97	2.92	3.40

**Per 100,000 Residents*

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Localized Lesion Syndrome



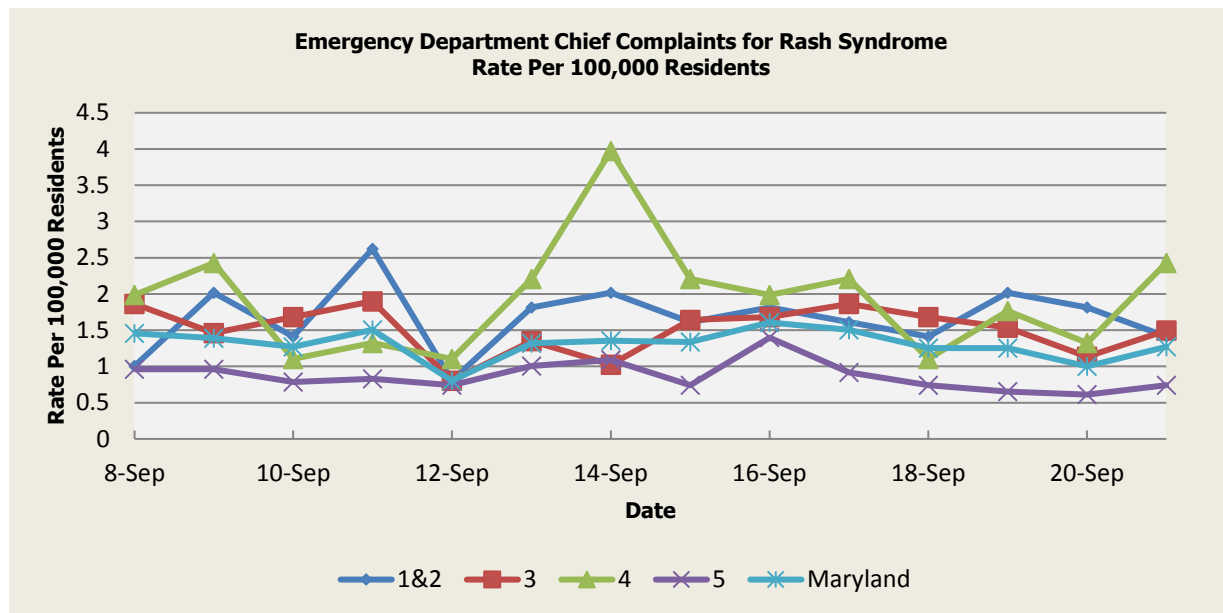
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.15	1.79	2.05	0.91	1.42
Median Rate*	1.01	1.72	1.99	0.87	1.37

* Per 100,000 Residents

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Rash Syndrome



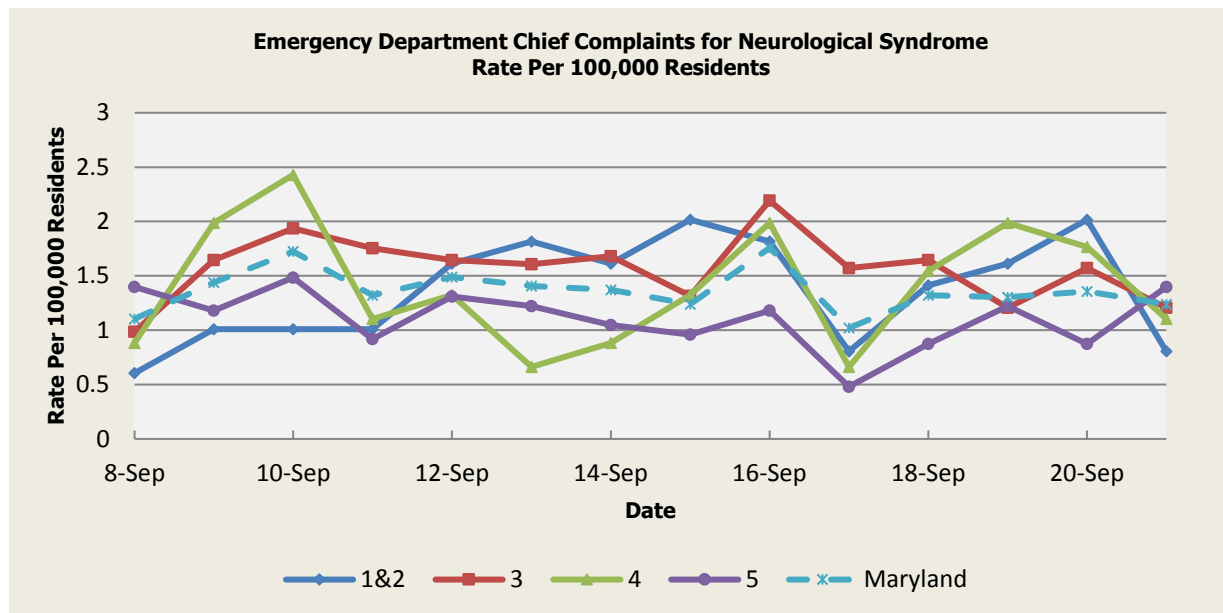
There was no Rash Syndrome outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.25	1.68	1.77	0.98	1.38
Median Rate*	1.21	1.61	1.77	0.92	1.32

* Per 100,000 Residents

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Neurological Syndrome



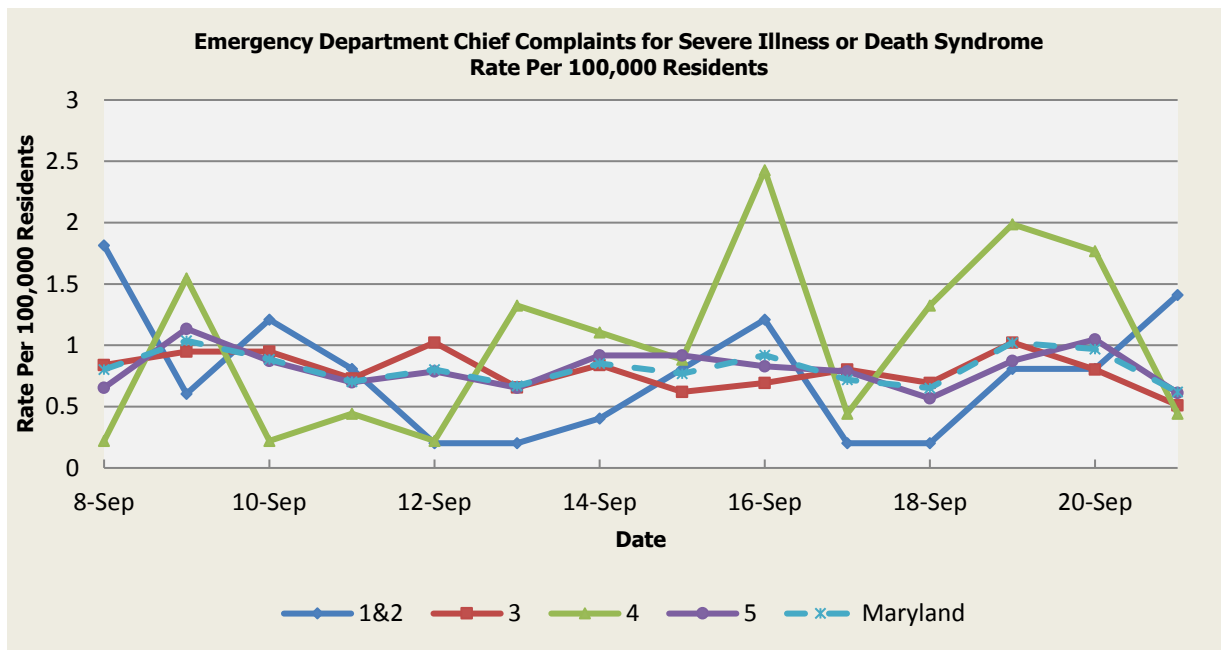
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.78	0.95	0.87	0.61	0.80
Median Rate*	0.81	0.88	0.66	0.57	0.70

* Per 100,000 Residents

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Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

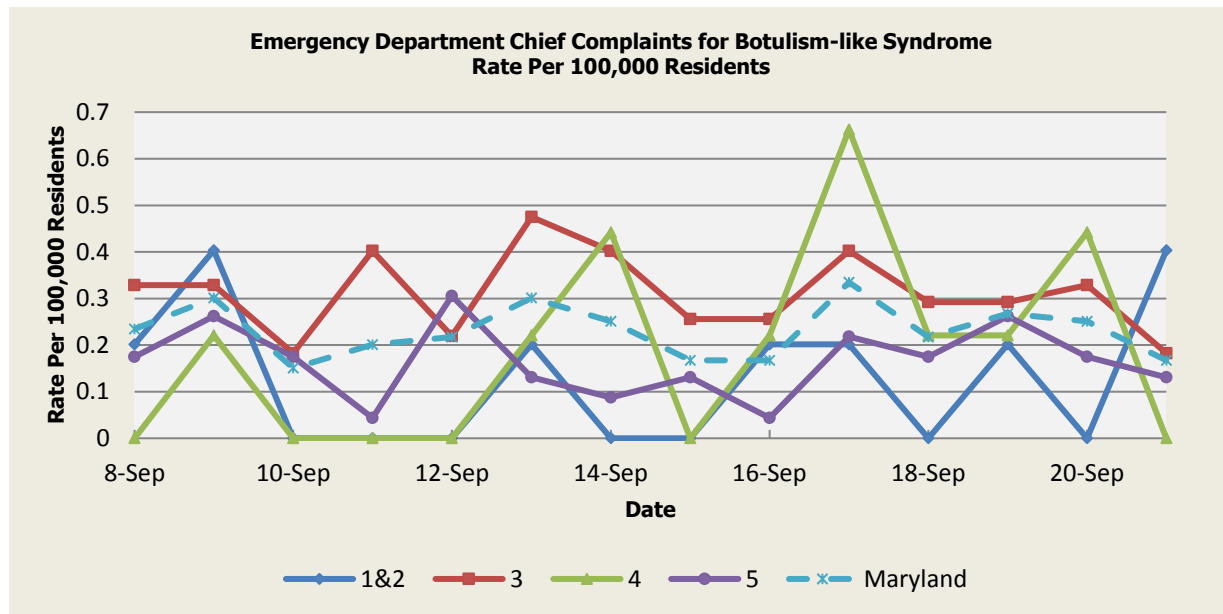
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.90	0.83	0.52	0.73
Median Rate*	0.60	0.84	0.66	0.48	0.70

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



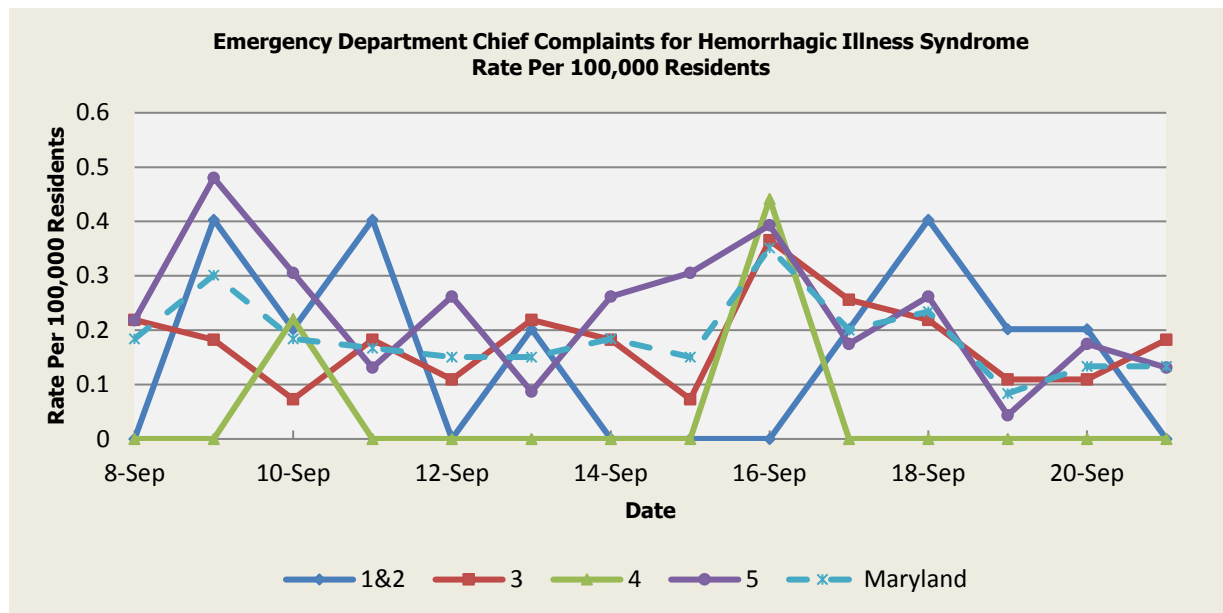
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on, 9/8 (Regions 1&2,3,5), 9/9 (Regions 1&2, 3,4,5), 9/10 (Region 5), 9/11 (Region 3), 9/12 (Region 5), 9/13 (Regions 1&2, 3,4), 9/14 (Regions 3,4), 9/15 (Region 3), 9/16 (Regions 1&2,3,4), 9/17 (Regions 1&2,3,4,5), 9/18 (Regions 3,4,5), 9/19 (Regions 1&2, 3,4,5), 9/20 (Regions 3,4,5), 9/21 (Region 1&2). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.07	0.12	0.06	0.08	0.10
Median Rate*	0.00	0.11	0.00	0.04	0.08

* Per 100,000 Residents

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Hemorrhagic Illness Syndrome



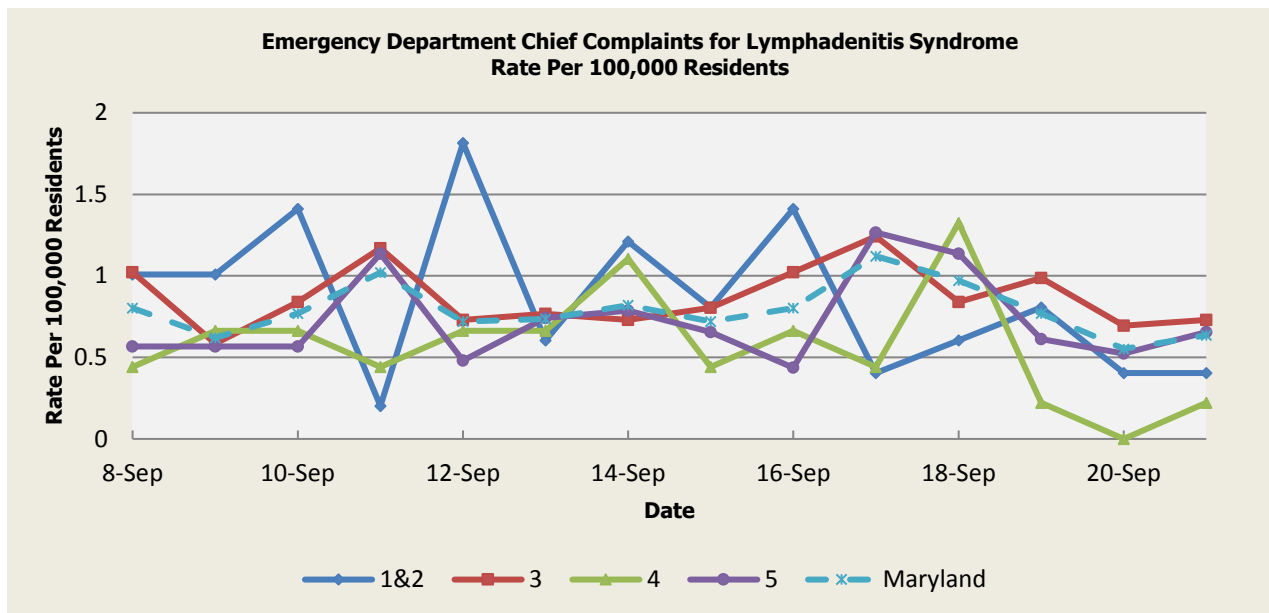
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on, 9/9 (Regions 1&2,5), 9/10 (Regions 1&2, 4,5), 9/11 (Region 1&2), 9/12 (Region 5), 9/13 (Region 1&2), 9/14 (Region 5), 9/15 (Region 5), 9/16 (Regions 3,4,5), 9/17 (Region 1&2), 9/18 (Regions 1&2,5), 9/19 (Region 1&2), 9/20 (Region 1&2). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.04	0.16	0.04	0.13	0.13
Median Rate*	0.00	0.11	0.00	0.09	0.08

* Per 100,000 Residents

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Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on, 9/8 (Region 1&2), 9/9 (Region 1&2), 9/10 (Region 1&2), 9/11 (Region 5), 9/12 (Region 1&2), 9/14 (Regions 1&2,4,5), 9/15 (Region 1&2), 9/16 (Region 1&2), 9/17 (Region 5), 9/18 (Regions 4,5), 9/19 (Region 1&2). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.38	0.59	0.40	0.38	0.48
Median Rate*	0.40	0.51	0.44	0.35	0.44

* Per 100,000 Residents

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MARYLAND REPORTABLE DISEASE SURVEILLANCE

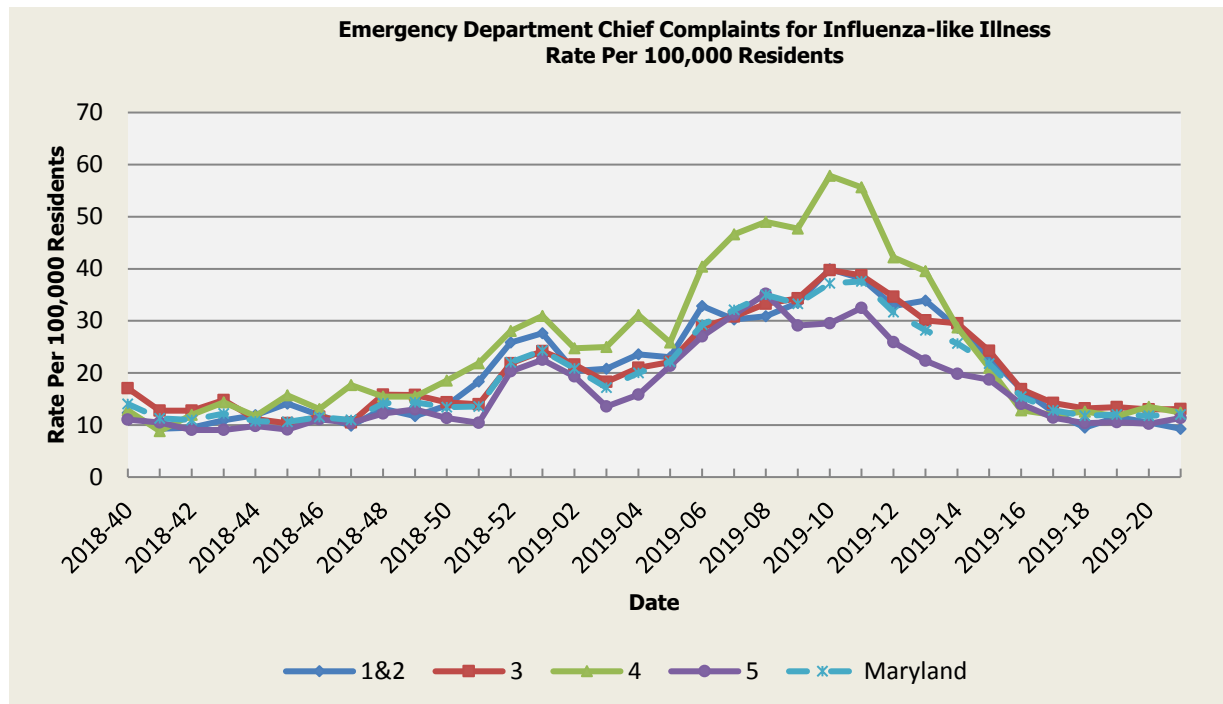
Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2018 through May 2019).

Influenza-like Illness

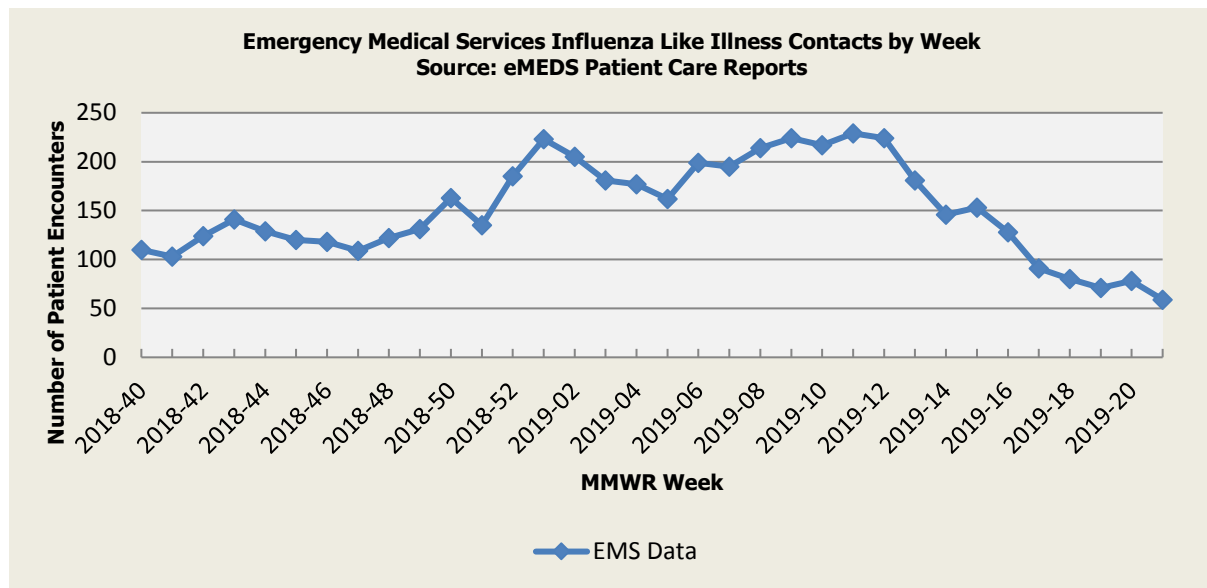


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.20	13.31	12.85	11.28	12.24
Median Rate*	7.66	10.30	9.27	8.77	9.44

* Per 100,000 Residents

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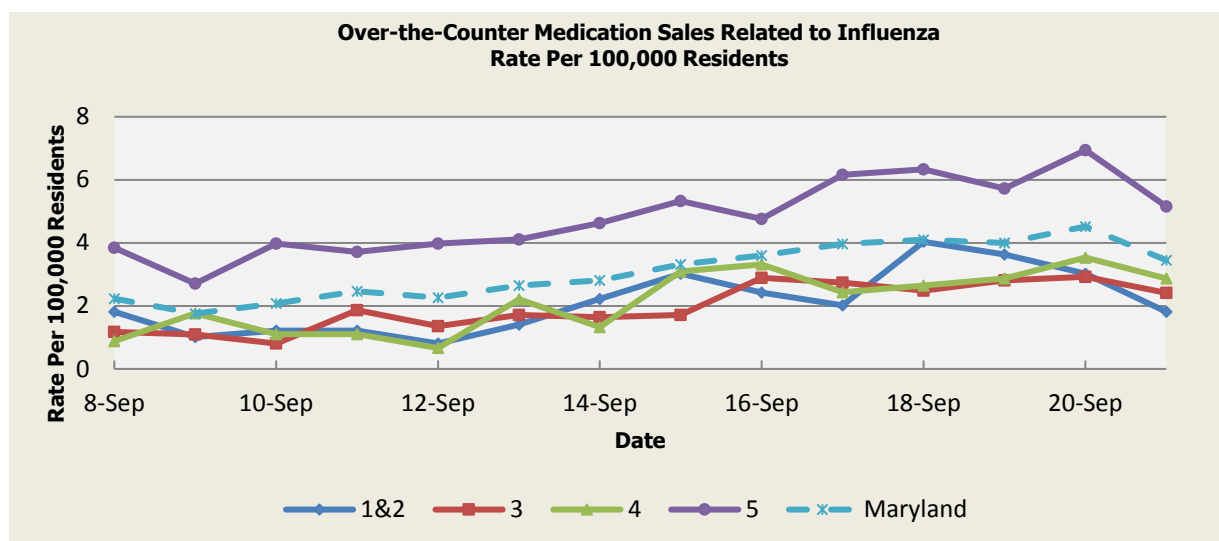
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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Over-the-Counter Influenza-Related Medication Sales



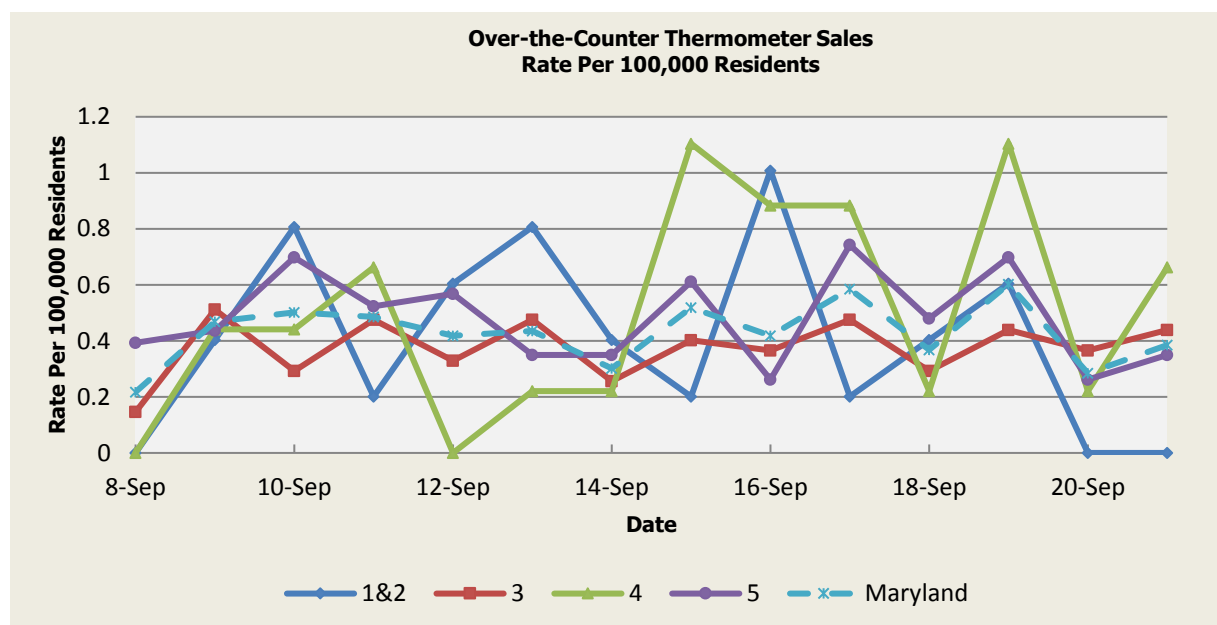
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.47	4.47	2.67	7.82	5.53
Median Rate*	2.82	3.62	2.21	7.12	4.80

* Per 100,000 Residents

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Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.95	2.81	2.24	3.74	3.14
Median Rate*	2.62	2.70	2.21	3.67	3.06

* Per 100,000 Residents

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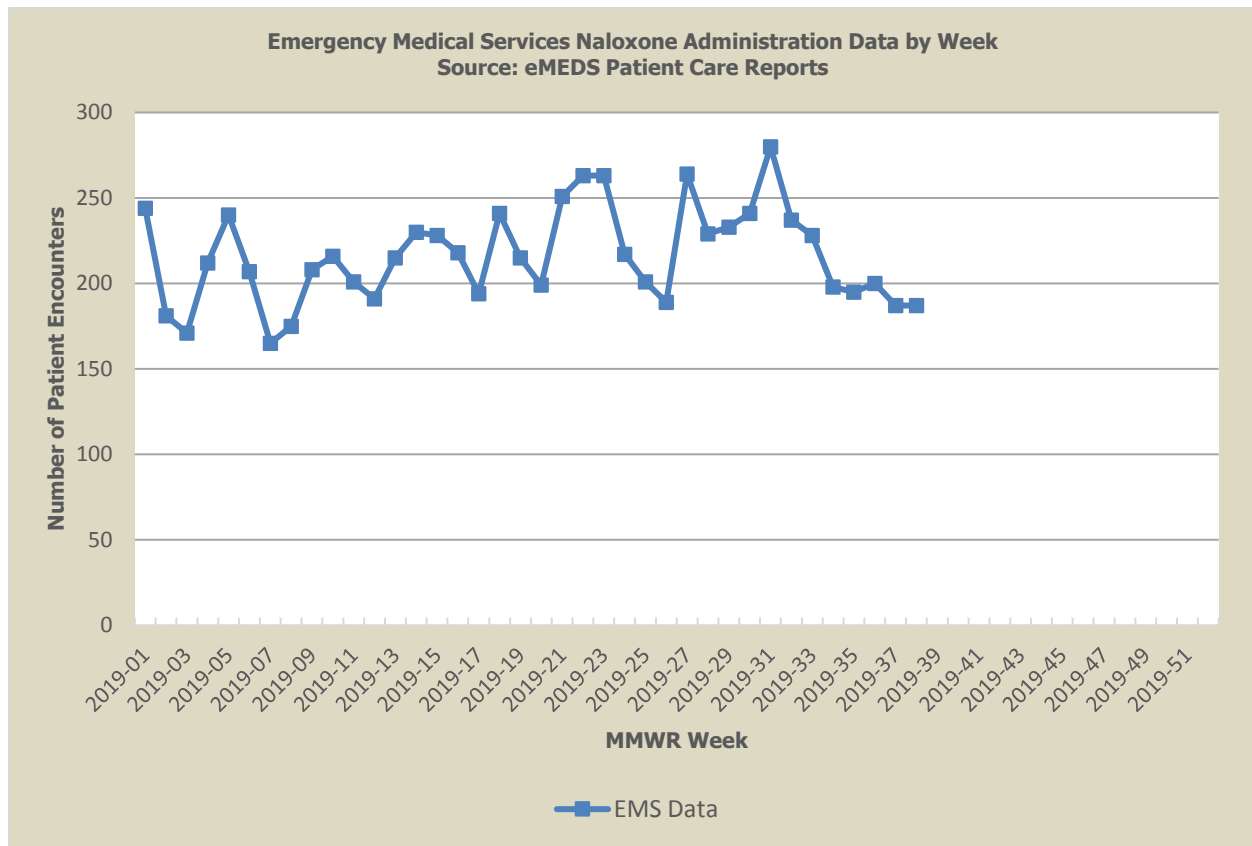
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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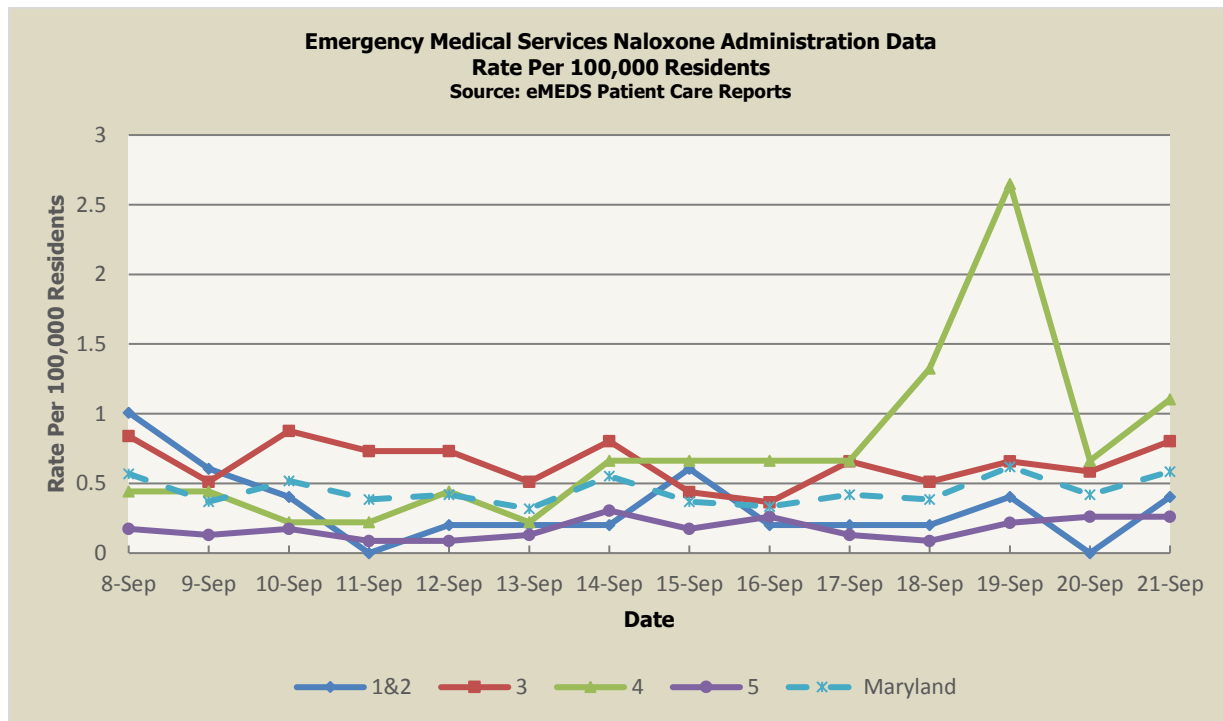
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of September 26th, 2019, the WHO-confirmed global total (2003-2019) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

AVIAN INFLUENZA (TAIWAN), 21 Sept 2019, More than 3000 mule, or sterile, ducks have been culled due to an H5N5 subtype infection of the highly pathogenic avian influenza, which is the 1st reported case in Taiwan. Read More: <https://www.promedmail.org/post/6686755>

AVIAN INFLUENZA (CHILE), 17 Sept 2019, The importing of Chilean turkey meat has been restricted in Argentina, Peru, and Hong Kong due to an outbreak of bird flu in central Chile. Read More: <https://www.promedmail.org/post/6678062>

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

BOVINE TUBERCULOSIS (MICHIGAN), 27 Sept 2019, The Centers for Disease Control and Prevention (CDC) is warning hunters that deer with tuberculosis can transmit the bacteria to humans. Read More: <https://www.promedmail.org/post/6696353>

INFANT BOTULISM (TEXAS), 26 Sept 2019, A 5th case of infant botulism has been confirmed in East Texas. According to NET Health public information officer Terrence Ates, the case occurred in the Lindale area. Read More: <https://www.promedmail.org/post/6696626>

SALMONELLOSIS (MARYLAND), 26 Sept 2019, The Maryland Department of Health is investigating a cluster of _Salmonella_ infections that have been linked to a local kabob chain restaurant. Since 10 Sep [2019], 8 of the 9 confirmed cases of salmonellosis reported eating hummus from Moby Dick House of Kabob, which has several locations in Maryland, Virginia, and Washington, DC. Read More: <https://www.promedmail.org/post/6696558>

VAPING-RELATED ILLNESS (MASSACHUSETTS), 26 Sept 2019, Massachusetts will place a 4-month ban on all sales of vaping products, the state's governor announced [Tue 24 Sep 2019], ushering in the most extensive state-level crackdown on e-cigarettes after a mysterious illness has afflicted hundreds and killed 9 people.
Read More: <https://www.promedmail.org/post/6694894>

VAPING-RELATED ILLNESS (KANSAS), 25 Sept 2019, [The death of a Kansas man] from a vaping-related illness is the 2nd vaping-related death in the state, according to the Kansas Governor's office, and brings the death toll in the US to 9. Read More: <https://www.promedmail.org/post/6692937>

BOTULISM (MULTISTATE), 24 Sept 2019, Roland Foods has recalled 6 batches each of its red lumpfish caviar and black lumpfish caviar because they might be contaminated with botulism. Read More: <https://www.promedmail.org/post/6692113>

EASTERN EQUINE ENCEPHALITIS (MULTISTATE), 24 Sept 2019, A potentially deadly virus being spread by mosquitoes has made its way to Ohio. Eastern equine encephalitis, or "Triple-E", has killed 3 people in Michigan. Health officials in Ohio are closely monitoring the spread of the virus. Read More: <https://www.promedmail.org/post/6690662>

HERPES SIMPLEX, TYPE 1, GENITAL (NEW YORK), 22 Sept 2019, New York City health officials are reporting a case of a baby with neonatal herpes following direct orogenital suction (DOS) during ritual Jewish circumcision. This is the 1st case of neonatal herpes related to DOS during ritual Jewish circumcision reported to the Health Department since March 2017. Read More: <https://www.promedmail.org/post/6688180>

TYPHOID FEVER (TEXAS), 22 Sept 2019, Collin County health officials said on Fri 20 Sep 2019 that people who ate at the Hat Creek Burger Co., 3321 South Custer Road, between 19 Aug 2019 and 22 Aug 2019 may have come in contact with the extremely drug-resistant strain of XDR _Salmonella_ Typhi and could still develop symptoms. Read More: <https://www.promedmail.org/post/6688120>

EASTERN EQUINE ENCEPHALITIS (NEW JERSEY), 21 Sept 2019, The New Jersey Department of Health is encouraging residents to take steps to protect themselves from all mosquito-borne diseases after 2 more human cases of eastern equine encephalitis were confirmed in the state. Read More: <https://www.promedmail.org/post/6686040>

INTERNATIONAL DISEASE REPORTS

LISTERIOSIS (ESTONIA), 27 Sept 2019,

Listeria bacteria that have been traced back to the M.V. Wool fish plant in Estonia have been contracted by 9 people in Estonia, 2 of whom died as a result. Read More:

<https://www.promedmail.org/post/6696978>

PARATYPHOID FEVER (NORTH KOREA), 26 Sept 2019, A paratyphoid fever epidemic has broken out recently in North Korea in the aftermath of Typhoon Lingling. The illness, which causes high fever and diarrhea, has been spreading in South Hamgyong and South Pyongan provinces since typhoon Lingling hit the North, a source said Sunday [22 Sep 2019]. Read More:

<https://www.promedmail.org/post/6696473>

TYPHOID FEVER (TAIWAN), 26 Sept 2019, The Taiwan Department of Disease Control (CDC) reported today (24 Sep 2019) the 1st imported case of extensively drug-resistant (XDR) typhoid fever in the country. Read More: <https://www.promedmail.org/post/6696377>

SALMONELLOSIS (UNITED ARAB EMIRATES), 26 Sept 2019, Dubai Municipality has shut down a restaurant in Jumeirah after 15 people fell ill following an outbreak of Salmonella infection, local media reported. An initial investigation revealed that the outbreak was likely caused by raw eggs served in a hollandaise sauce. Read More:

<https://www.promedmail.org/post/6696375>

SALMONELLOSIS (SWEDEN), 25 Sept 2019, Authorities in Sweden are investigating a national outbreak of monophasic Salmonella Typhimurium, which has affected almost 40 people. Read More: <https://www.promedmail.org/post/6693629>

SALMONELLOSIS (BELGIUM), 25 Sept 2019, A Salmonella outbreak that sickened almost 200 people at a Belgian school was likely caused by eggs used to make a tartar sauce, according to authorities. Read More: <https://www.promedmail.org/post/6693526>

FOODBORNE ILLNESS (CHINA), 24 Sept 2019, 99 students from a kindergarten in the southern Chinese province of Guangdong remain hospitalized with suspected foodborne illness, local authorities said Mon 23 Sep 2019. Read More: <https://www.promedmail.org/post/6692405>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):
<http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

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Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

